

NETWORK 2 PROSTHETIC MAJOR MEDICAL AND SPECIAL EQUIPMENT
COMMITTEE

1. PURPOSE: To establish a uniform policy and procedure for reviewing requests for Prosthetic Major Medical and Special Equipment.

2. POLICY:

a. VHA policy is to provide quality patient care by furnishing properly prescribed prosthetic equipment, sensory aids, and/or devices (including major medical and special equipment) in the most economical and timely manner for the benefit of disabled veterans within the legal limitations of VA. Major medical and special equipment items will be provided consistent with VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15. Medical need is the determining factor for providing prosthetic items.

b. Major medical and special equipment includes any newly developed or unusual non-contract orthopedic appliance, therapeutic or rehabilitative device, regardless of cost, which has not been previously issued by the health care facility.

c. While major medical and special equipment items may be considered by the respective facility Major Medical and Special Equipment Committees (MMSEC), routine, clinical decisions regarding medical need and prescribing orthotic and prosthetic item(s) are to be made by the clinical specialist or clinical team. Unusual or newly developed equipment requests (see b above) are to be referred by the clinical specialist to the facility MMSEC.

3. RESPONSIBILITIES:

a. Director, Diagnostic & Therapeutics Care Line: Responsible for oversight of the Network Prosthetics Program.

b. VISN Prosthetic Manager: Responsible for the overall management of the Network Prosthetics Program.

c. D&T Local Care Line Manager: Responsible for local oversight and support to ensure execution of program responsibilities.

d. Facility Lead Prosthetics Representative: The prosthetic representative serves as the Coordinator of the Major Medical and Special Equipment Committee (MMSEC) at his/her site, and is responsible for the overall administrative management of the Committee. This includes maintaining meeting minutes, preparing correspondence to the beneficiary and/or representatives on committee decisions including all denial decisions in writing

that explain the reasons for denial and providing the veteran with information regarding his/her notice of procedural and appellate rights.

e. MMSEC Chairperson: This VA physiatrist or physician, knowledgeable about prosthetic equipment/rehabilitation and has the clinical assessment/review responsibility for all patients referred to the Committee at his/her site.

f. MMSEC: This committee composition is flexible. In addition, to the Coordinator and Chairperson, the team normally, will include a specialty physician (involved in the patient's treatment), a rehabilitation therapist, social worker, and other disciplines when indicated. The MMSEC is responsible for reviewing requests and making determinations at their respective sites in accordance with VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15.

4. PROCEDURES:

a. The clinical specialist or clinical team will make routine, clinical decisions regarding medical need and orthotic/prosthetic prescriptions without involving the MMSEC. The specialist will refer unusual or newly developed major medical and special equipment requests electronically via prosthetic consult to the facility MMSEC through the local prosthetics section.

b. Upon receipt of a request that requires MMSEC consideration, the beneficiary will be afforded the opportunity to attend the meeting to present information that may not be part of the medical record. The veteran's comments and desires will be solicited before a final decision is made.

c. Special or experimental requests will be referred to the VISN Prosthetic Manager on VA Form 10-2641, Authority for Issuance of Special and/or Experimental Appliances.

d. Upon receiving MMSEC, VISN Prosthetic Manager, or VA Central Office authorization, the prosthetic representative will process the request. The prosthetic representative will provide a high quality product for the best price utilizing national or local contracts for service/delivery depending on the item.

e. In the event a requested item is not approved, the veteran will be provided a denial letter and a notice of procedural and appellate rights (VA Form 4107). The denial letter will include input from clinical staff regarding possible alternatives and how the veteran may be assisted with these options.

5. REFERENCES: VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15.

Department of Veterans Affairs
VA Healthcare Network
Upstate New York

Network Memorandum 10N2-81-02
December 22, 2002

6. RESCISSIONS: Network Memorandum 10N2-81-00.
7. FOLLOW-UP RESPONSIBILITY: VISN Prosthetic Manager, Douglas Williams, 716-862-8686.
8. AUTOMATIC EXPIRATION DATE: December 22, 2005.

LAWRENCE H. FLESH, MD
Interim Network Director

Distribution: Network 2 Care Line Managers
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